

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 05/05/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445476	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/04/2011
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NAME OF PROVIDER OR SUPPLIER

HILLCREST HEALTHCARE SOUTH

STREET ADDRESS, CITY, STATE, ZIP CODE
1758 HILLWOOD DRIVE
KNOXVILLE, TN 37920

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 012 SS=D	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1970 K7 SURVEY UNDER: 2000 EXISTING K8 95-bed SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure two (2) hour fire wall construction is maintained. The findings include: Observation and interview with the Maintenance Director, on May 4, 2011 at 10:00 a.m. confirmed two (2) hour fire wall construction at the fire doors by rooms 105 and 122 was not continuous from corridor wall-to-corridor wall on both sides.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible</p>	K 012	<p>K012</p> <p>1. The fire wall at the fire doors by rooms 105 and 122 was repaired by Facilities Management Director on 5/6/11 to provide continuous coverage from corridor wall to corridor wall on both sides.</p> <p>All fire walls were inspected by the Facilities Management Director on 5/6/11 to assure continuous coverage.</p> <p>2. No residents were identified on 5/6/11 as being affected.</p> <p>3. Administrator inserviced Facilities Management Director on 5/4/11 regarding coverage inspections.</p> <p>Fire walls are inspected by the Facilities Manager immediately following any repair or contract work in the attic area, to assure no penetrations have been made and not repaired.</p> <p>4. Weekly inspections by Facilities Management Director will be made for one month then once a month for two months and/or 100% compliance is met to assure no penetrations have been made and not repaired.</p> <p>All audit results will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the audit plan.</p>	
K 050 SS=F				

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

efficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that
safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days
ng the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14
llowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued
m participation

MS-2567(02-99) Previous Versions Obsolete

Event ID: ZTPW21

Facility ID: TN4706

If continuation sheet Page 1 of 2

JUN 03 2011

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445476

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

05/04/2011

NAME OF PROVIDER OR SUPPLIER

HILLCREST HEALTHCARE SOUTH

STREET ADDRESS, CITY, STATE, ZIP CODE
1758 HILLWOOD DRIVE
KNOXVILLE, TN 37920

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 050

Continued From page 1
alarms. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility
failed to assure staff was familiar with
procedures.
The findings include:
Observation during a fire drill conducted on May
4, 2011 at 9:40 a.m. confirmed the person
discovering the fire was not familiar with fire plan
procedures. The person discovering the fire failed
to check the bathroom or call out the required
code phrase in accordance with the fire plan, the
fire alarm was not sounded for 2 minutes then
was immediately silenced. The PA announced
the fire location in the wrong wing after four (4)
minutes. Staff entering the fire zone area were
unsure of the location of the fire.

K050

The Quality Assurance Performance
Improvement Committee consists of
Administrator, Medical Director, Director of
Nursing, Assistant Director of Nursing,
Human Resources, MDS, Treatment Nurse,
Admissions Director, Business Office
Manager, Rehab Manager, Medical Records,
Social Services, Facilities Management
Director, Dietary Manager, and Activity
Director. Dietician and Pharmacist reports are
reviewed, and these consultants attend as
needed

K050

1. The person discovering fire, person paging
fire, and staff entering fire zone were
inserviced on 5/4/11 on fire drill procedures.

2. No residents were identified on 5/4/11 as
being affected.

3. All nursing, dietary, activities, social
services, housekeeping, laundry, facilities
management, and administrative staff were
inserviced by Facilities Management Director
or Administrator on 5/5/11 - 5/20/11 on fire
drill procedures.

Fire drills will be conducted on each shift
weekly for one month then twice a month on
each shift for two months and/or 100%
compliant, in addition to the minimum
requirements for fire drills, by the Facilities
Management Director.

5/26/11

JUN 03 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4706	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2011
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTHCARE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K050		K050	<p>4. All audit results will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations.</p> <p>This committee will determine if any revisions are needed to the audit plan.</p> <p>The Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, MDS, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p>	5/26/11

Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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ZTPW21

If continuation sheet

JUN 03 2011

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6/3/11